



ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE    |
|---------------------|----------|--------|---------|
| FEE DETERMINATION   | SD       | 71058  | 7/31-99 |
| O.I.P.E. CLASSIFIER | DN       | 32     | 8-17-99 |
| FORMALITY REVIEW    |          | 65372  |         |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral) ... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original |         |
| 1        | 2/28/99 |
| 2        | 3/3/99  |
| 3        | 3/3/99  |
| 4        | 3/3/99  |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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